| POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO | | | | | | | | |
|--|----------|-------|----------|------|--|-----|------------------------|--|
| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | | |
| I hereby appoint: | | | | | | 3 | | |
| Practitioners associated with the Customer | | | 69781 | | | | | |
| OR | | L | | | | J | _ | |
| Practitioner(s) named below (if more then ten practitioners are to be named, then a customer number must be used): | | | | | | | | |
| | Name F | | ation | Name | | | Registration Number | |
| | | Numbe | <u>"</u> | | | | Nullaci | |
| | | | \neg | | | | | |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment ownents attached to this form in accordance with 37 CFR 373(b). | | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | | |
| | | | | | | | | |
| The address associated with Customer OR | | 69781 | | | | | | |
| Firm or Individual Name | T | | | | | | | |
| Address | | | | | | | | |
| City | | | State | | | Zio | | |
| | | | State | | | ZIP | | |
| Country | | | | | | | | |
| Telephone | | | Email | | | | | |
| Assignee Name and | Address: | | | | | | | |
| HILL-ROM SERVICES, INC. | | | | | | | | |
| 300 Delaware Avenue, Suite 530 Wilmington, Delaware 19801 | | | | | | | | |
| | | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may | | | | | | | | |
| be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to | | | | | | | | |

act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

| SIGNATURE of Assignee of Record | | | | | | | | | |
|---|---------------------|-----------|----------------|--|--|--|--|--|--|
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | | |
| Signature | Malyma. Mirrison | Date | 16 April 2007 | | | | | | |
| Name | William A. Morrison | Telephone | (812)-934-8649 | | | | | | |
| Title | Assistant Secretary | | | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to Insciouscens or immemors in exquired by 37 CPR 1.21, 1.32 and 1.33. The intermetion is required by obtain or relatin a benefit by the public which is to file (and by the USPPO to process) an application. Confidentiality is governed by SS LOS. 1.22 and 37 CPR 1.11 and 1.14. This coldision is estimated to be interested to complete the public which is so complete, for the complete application form to the USPPO. Then will vary depending upon the individual case. Any comments on the meanurful of time you require to complete the first manders application for revoking the buryon, thought do sent to the Christ Information Officer, US. Peterla and Trademant Officer, US. Department of Commency, CD. Box 1409, Naturation, VA 22315-1430. DO NOT SERVIPEES OR COMPLETED CORNES TO THIS ADDRESS. SERVIP CE Commissioner for Patients, P. OR 94, 1409, Naturation, VA 22315-1430.